2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: By:

By:
SIGNATURE AND PYPED OR PRINTED NAME OF SIGNING GENERAL PARTINER
MATLIN A. FISHMAN, Vice President



03 MAY -5 PH 5: 06 SECRETARY OF STATE TALLAHASSEE FLORIDA

216/797-8780

DOCUMENT # A95000001483 1. Entity Name MIG/PINES DEVELOPMENT, LTD.

Principal Place of Business Mailing Address **5025 SWETLAND COURT DRIVE** 5025 SWETLAND COURT, LEGAL DEPT. RICHMOND HEIGHTS, OH 44143 RICHMOND HEIGHTS, OH 44143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DUE BY MAY 1, 2003 City & State City & State 4. FEI Number Applied For 65-0619053 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name A.G.C., CQ. SUNTRUST CENTER Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVE., SUITE 2300 999017926979 ORLANDO, FL 32801-3432 **526. City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fiorida, I am familiar with, and accept the obligations of registered agent. SIGNATURE -Signature, typed or printed name of registered agent and title if applicable DATE 10. Amount of Capital Contributions 11 MAKE CHECK PAYABLE TO FL DEPT OF STATE 9. Capital Contributions in FLORIDA to date. \$10,708,344.00 as Shown on record. \$10,708,344.00 SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY CR2E003 (10/02) DOCUMENT A F99000005746 STREET ADDRESS AERC WINDSOR PINES, INC. NAME 5025 SWETLAND COURT DRIVE STREET ADDRESS CITY - ST - ZIP RICHMOND HEIGHTS, OH 44143 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY -S1-2IP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST - ZIP CITY -ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY - ST-ZIP City -ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

AERC Windsor Pines, Inc., General Partner